MEETING MINUTES STATE CONSUMER AND FAMILY ADVISORY COMMITTEE July 14, 2005

<u>Present</u>: Jere Annis, Carl Britton-Watkins, Terry Burgess, Pete Clary, Zack Commander, Sandy DuPuy, Kathleen Herr, Ed Masters, Doug Michaels, Ellen Perry, Barbara Richards and Betty Stanberry.

Absent: Ron Huber and Amelia Thorpe.

Resigned: Dorothy O'Neal.

<u>**DMH/DD/SAS Staff Present:</u>** Michael Bramwell, Steve Hairston, Cathy Kocian, Chris Phillips, Ann Remington, Jesse Sowa, Barbara Thomas and Leza Wainwright.</u>

Guests: Dennis Knassel.

1. Welcome and Introductions

- ♦ The meeting was called to order at 9:30 AM.
- The Chairperson opened the meeting and welcomed the attendees.

2. Approval of Agenda and Minutes

- ♦ The meeting agenda was approved with additions.
- The May 2005 minutes were reviewed and approved with changes.

3. Public Comment Time

- ♦ Ed Masters commented on the merger that took place on July 1, 2005 in his area that involved going from five counties to four counties. Mr. Masters believes that the local CFAC should have had input into the planning of the merger and felt CFAC was not properly included nor recognized.
- ◆ Pete Clary commented on Autism and vaccinations. Pete recommended that people view www.salon.com web site.
- Doug Michaels reminded the group that as of today there is still no known cure for addiction and the most successful treatment known is that of the twelve step programs.

4. ELT Update

- ♦ Jere Annis reported on the DMH/DD/SAS Executive Leadership Team (ELT) meeting he attended on June 28, 2005. There were eighteen items on the ELT agenda and ELT managed to hold discussion on all but one issue, which was tabled for a future meeting.
- ♦ The legislatively proposed closure of an MR Center will not occur during the 2005-2006 budget year. Community capacity for this population needs to be in place prior to any substantive downsizing of these facilities.
- ♦ ELT discussion included the SCFAC's responsibility to work on the 2006 State Plan as soon as the Division is ready to move forward. The next plan will be a comprehensive plan and will involve intensive work with Steve Hairston, Chief of Operations Support.
- ♦ The SCFAC members commented on the importance of the Division's willingness to listen to all issues being raised with regards to what constitutes medical necessity and appropriate services.

5. Consumer and Family Participation Tool

- ♦ The SCFAC reviewed a tool that will assist CFAC members and LME staff in gauging Consumer and Family Participation and Partnership with the LME. The tool was developed by the Consumer Empowerment Team and the LME Systems Performance Team of the NC Division of MH/DD/SA Services. The SCFAC gave positive feedback in terms of this mechanism being used as a favorable evaluation method.
- ♦ Chris Phillips will be sending the tool out to LME Directors, CFAC Liaisons, and CFAC Chairs in the next week.

6. SCFAC Sub-Committee Reports

- ◆ Develop Provider and LME Report Cards (State Plan 2004-p. 58) Sandy DuPuy, Committee Chair, mentioned that she drafted a letter and designed an application in order to assist the Division with the development of a statewide workgroup. In order for there to be continued progress with this effort, Division staff will need to provide input and direction to the committee.
- ♦ Continue Quality Improvement Efforts to Assure Model Fidelity of Supports and Services (State Plan 2004- p. 54) Kathleen Herr, Committee Chair, stated that she has met with Bonnie Morrell, Best Practice and Community Innovation Team Leader. This sub-committee is looking at Fidelity Scales being used to evaluate Evidenced-Based Best Practices.
- ◆ Advance the Opportunities for People with Disabilities and their Families to Influence the Full Range of System – From Policy Leadership to More Discrete Operations (State Plan 2004- p. 47) – Ron Huber, Committee Chair, was not present for the meeting. However, Pete Clary and Doug Michaels agreed to review the options for a SCFAC link (for example, scfac@ncmail.net) to be designed specifically for the SCFAC members to receive email. Operational details related to the SCFAC email address will need to be discussed and finalized.
- ◆ Continue Research, Dissemination and Implementation of New Best Practices
 (State Plan 2004- p.54) Barbara Richards, Committee Chair, stated that their
 group has collected a large quantity of research materials. To date the group has
 reviewed three of the six Best Practice tool kits, 1) Standardized Pharmacological
 Treatment, 2) Integrated Dual Disorders Treatment, and 3) Illness Management and
 Recovery Skills. It is the goal of this committee to review all six toolkits.
 SAMHSA's six Best Practice Toolkits can be obtained from their website at
 www.mentalhealth.samhsa.gov.

7. Non-Target Population Letter

- ♦ The Division had requested that the SCFAC issue a communication to local CFACs regarding non-target populations. A draft letter was reviewed and approved as written. The letter will be sent to all local CFAC groups encouraging local CFACs to work with their LMEs to help make services and community supports available to non-target populations.
- ♦ The SCFAC gave favorable comments on the Non-Target Populations (TNC) Preliminary Analysis prepared for the North Carolina Council of Community Programs by the National Council for Community Behavioral Health Care Consulting Services, Jeanne Supin, Lead Consultant. In addition, the SCFAC will obtain any new summaries related to the analysis and submit them with the letter.

8. SCFAC Letterhead

♦ Ellen Perry will be developing Letterhead for the SCFAC. The committee will provide input and feedback in order to complete this task as soon as possible.

9. SCFAC Meeting Dates

- ♦ The SCFAC members will discuss meeting locations and dates at the August meeting. It was decided that the possibility of rotating all 12 meetings in the next calendar year was not realistic. Rather, the members will consider meeting periodically at various LMEs throughout the state in order to have an opportunity to hear and stay informed of local CFAC issues and to hear Consumers and Family member input during the public comment periods.
- ♦ Members will provide the Chair with LME contact information in order to determine which LMEs would be willing to host meetings in 2006.

10. SCFAC e-mail Link

- ◆ The Division has the capability to create a SCFAC email address (for example, scfac@ncmail.net) which can be accessed through a link on the Division website. People would be able to send emails to the address and the Consumer Empowerment Staff would forward them to designated SCFAC members.
- ♦ Ann Remington will get Division approval to establish this and the SCFAC will develop protocols for responding to these emails.

11. Division Update with Leza Wainwright, DMH/DD/SAS Deputy Director

- ♦ Ms. Wainwright announced that the Centers for Medicare and Medicaid (CMS) approved the CAP MR/DD Waiver which will be implemented September 1, 2005. The flexibility of the CAP MR/DD Waiver will allow for better services and supports for consumers moving out of the MR/DD Centers. The Federal requirement states that a written letter explaining the new waiver to consumers and family members must be sent out thirty days prior to implementation. These letters will be sent out no later than August 1, 2005.
- ♦ The new enhanced service definitions have not yet been approved by CMS. In order for the new service definitions to be implemented October 1, 2005, written notice must be sent to consumers and family members no later than September 1, 2005. The final version (barring changes by CMS) of the Service Definitions is on the Division Web site.
- ♦ The Provider Endorsement materials have been finalized and the LMEs will begin training and advising local providers on the process as early as next week. All LMEs should be starting the endorsement process by August 1st.
- ♦ There has been no change in policy regarding services to non-target populations. All citizens are entitled to screening, assessment, prevention services, and emergency crisis services. Leza underscored the importance of CFACs working with their LMEs to help make services and community supports available to non-target populations.
- ♦ Three large trainings for Providers on Enhanced Benefit services have occurred in Charlotte and Raleigh. Smaller training events and videoconference training occurred as well. Over 2500 participants have been trained. The Division solicited and has received applications from individuals wishing to be certified as trainers and orientation sessions will be conducted over the next two weeks.

- ◆ The Division is asking individuals and organizations who have developed training on Person-Centered Planning, Person-Centered Thinking and Cultural Competency to submit their training curriculum to the Division for review and approval.
- In response to a question regarding Division efforts to reduce or eliminate stigma, Leza talked about the Eliminating Barriers Initiative and underscored the role that CFACs can play in their communities in relation to stigma reduction.
- ♦ The SCFAC asked why State Plan 2005 and the Performance Contract did not include any language regarding the LMEs' responsibility to support local CFACs. Ms. Wainwright reminded the committee that there is to be a Relational Agreement between the CFAC and Board which defines the support expectations. The Relational Agreement is to be signed yearly.
- ♦ The Group Home Investigations Summary report will be ready within two weeks. SCFAC members will receive a copy as soon as it is published. It can also be accessed on the Department website at www.dhhs.state.nc.us under State Facility Service Information. Leza described the Division's and the Mental Health Commission's efforts to enact Residential Rules. This process has been stopped and the Division is reviewing possible remedies to facilitate adoption of these rules.

12. Operations Plan and Chart

- ♦ Steve Hairston provided the SCFAC with an overview of the Operations Plan and chart beginning with State fiscal year 2003. The plan outlined the mechanics of the Operations Plan by identifying the key outcomes and tasks.
- ♦ Concepts and definitions were reviewed and a copy of all 33 tasks was provided to the SCFAC members.
- ♦ In addition, Mr. Hairston reviewed the Operations Plan from 2004 and 2005.

13. Next Meeting

♦ The next meeting is scheduled for August 11, 2005 from 9:30 A.M. – 3:30 P.M. and will be held at Dorothea Dix Hospital Campus in the Royster Building in Room 116.

14. August Meeting Agenda

- ♦ Approval of the Agenda.
- ♦ Approval of the July meeting minutes.
- ♦ ELT Update.
- ♦ Division Update.
- ♦ ADATC Presentation.
- ♦ Overview of Customer Service Training.
- Eligibility and Funding Presentation.
- ♦ Discussion of 2006 Meeting locations.
- There will be two public comment periods.